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NAIB-PAC

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	A DATE OF EACH CONTRIBUTION	AMOUNT OF EACH TO CONTRIBUTION	CHECK HERE
JAMES HETZEL 3362 ROLAN U. LAS VEJAS (NO 8912)	12/12/01	2500	
CARDOT CITY MOST 703			
LAS Degn NO 89102	3/43/01	720 00	
Gertings Fre C.O. Box 11532	4/11/01	500	
Reno NU 89510 MONTE MILLER 174 TIERRA BONITA CA HENDERSON IN STORY	9/21/01	5000	
3215 CINTER LY			
Nellis CAL CO- 7564 W. WAPLE Ave LASJEGAS NEW 89103	7/3/02	500 do	

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Name (print)

Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
2/12/01	/00 =
2/16/01	370 °°
2116/61	ى تى تى <u>بى</u>
2/16/61	25
2/16/01	35 % 60 % 100 % 40 %
3/28/01	1000
3/28/01	40
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DATE AMOUNT				
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CONTRIBUTION	CONTRIBUTION			
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VAIB-PAC

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	©DE
Office expenses	A
Office experises	
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON: GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
JUININ JON GOOFNER	J	9/2/61	5000-
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